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APPLICATION NUMBER	FILING DATE	CLASS	SUBCLASS	GROUP ART UNIT	EXAMINER ZY Z).
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NOTICE OF ALLOWANCE MAILED			CLAIMS ALLOWED					
***************************************		Assistant Examiner	Total Claims Print O.G		nt Claim for			
ISSUE FEE			DRAWING					
Amount Due	Date Paid	7	Sheets Drwg.	Figs.Drwg.	Print Fig.			
		Primary Examiner			<u> </u>			
TERMINAL		PREPARED FOR ISSUE	Applicati n					
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